Cervical cancer is nearly 100% preventable with regular Pap tests, which can detect abnormalities

before they become

cancerous. 1,2

California Department of Health Services | Cancer Detection Programs: Every Woman Counts

cervica

The Good...

- The Pap test, one of the most successful cancer screening tests, has saved thousands of lives since first introduced in the 1950s.
- Fewer California women are getting cervical cancer. From 1988–1999, invasive cervical cancer incidence declined in each of the four major race/ethnic groups.⁴

The Bad...

- This year, 13,000 cases of cervical cancer will be diagnosed in the U.S., and 4,100 women will die from the disease.
- In California, approximately 1,735 women will be diagnosed with cervical cancer this year and 470 women will die needlessly from the disease.
- Uninsured women are less likely than insured women to be screened, making them most at risk to develop cervical cancer. The risk of developing cervical cancer is 3 – 10 times greater in women who have not been screened.
- Uninsured patients are more likely to die prematurely because of delayed diagnosis.
- A common cancer among Asian and Hispanic women, cervical cancer is a major problem for many women recently immigrating to California.

...And The Not So Pretty

- Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have either not had a Pap test in the past 5 years or have never had one.
- 800,000 California women age 18 and older who need to be routinely screened have never had a Pap test.

Age, Income, Health Insurance Status Trends & Patterns

- The average age of women diagnosed with the disease is between 50 and 55 years old primarily because they are less likely to have routine exams. ³
- About one out of five uninsured, low-income women age 40 and older screened by the Cancer Detection Section (CDS) have never or rarely (within the last 5 years) received a Pap test. This is the group where over 30% of invasive cervical cancers will be diagnosed.

- Approximately one out of every six uninsured women have never had a Pap test, compared
 to only one out of every seventeen women with health insurance.
- Cervical cancer screening is increasing among lower income women. In 1999, 84% of lower income women reported having a Pap test in the last three years, compared to 76% in 1992.

Ethnic Trends & Patterns

The risks of developing and dying from cervical cancer differ among ethnic groups, as does the frequency of getting regular cervical cancer screening.

White (Non-Hispanic)

- Half (52%) of the cervical cancers diagnosed in 1998 in White women were in the early stages.
- From 1988-1999, cervical cancer incidence declined less among White women in California compared to other ethnic groups – the average decrease per year was 2%.
- In 2000, 87% of White women ages 18 and older in California had a Pap test in the last three years.

African-American

- Less than half (42%) of the cervical cancers diagnosed in 1998 were in the early stages.
- From 1988-1999, the average decrease per year in cervical cancer incidence was 4.2%. Most of the decrease has taken place since 1992.
- In 2000, 90% of African-American women ages 18 and older in California had a Pap test in the last three years.¹

Asian/Pacific Islander

- Asian/Pacific Islander women have the second highest risk for developing cervical cancer. ^{1,4}
- 58% of the cervical cancers diagnosed in 1998 in Asian/Pacific Islander women were in the early stages.
- From 1988-1999, the average decrease per year in cervical cancer incidence was 3.5%.
- Asian/Pacific Islander women were the least likely to report having recently received a Pap test.
 In 2000, 78% of the women ages 18 and older in California had a Pap test in the last three years.
- The cervical cancer incidence rate in Vietnamese American women is five times higher than among White women, according to national statistics. It is the most common cancer for Vietnamese women whereas breast cancer is the most common cancer for all other groups.

Cervical Cancer Fact Sheet 2

Hispanic/Latinas

- Latinas have the highest risk for developing cervical cancer in California more than twice as high as White women. Latinas represent one-third of invasive cervical cancers diagnosed each year in California.⁴
- Half (52%) of the cervical cancers diagnosed in 1998 among Latinas were in the early stages.
- In 2000, 83% of Latinas ages 18 and older in California had a Pap test in the last three years.

Early Detection - The Best Defense

- Regular Pap tests, which detect abnormalities before they become cancerous, are essential in preventing cervical cancer.
- Early detection of cervical cancer improves the chances of survival. When cervical cancer is localized (early stage), 91 of every 100 women will survive for at least five years. Once the cancer has spread to other parts of the body, the 5-year survival rate is 23%.
- All women should receive annual Pap tests beginning at age 18, or when they become sexually
 active, whichever comes first. After a woman has had 3 or more consecutive normal annual
 examinations, the Pap test may be performed less frequently at the discretion of the physician.

Sources:

- American Cancer Society, California Division and Public Health Institute, California Cancer Registry, California Cancer Facts & Figures 2002.
- 2. Points of Interest Cervical Cancer Screening, California Department of Health Services and the Public Health Institute, Cancer Surveillance Section, Survey Research Group, Number 5, March 2001.
- 3. Cancer Research Foundation of America, Fact Sheet CFC Number 0481, Cervical Cancer A Preventable Cancer.
- 4. Kwong, SL, Perkins Cl, Morris CR, Cohen R, Allen M, Schlag R, Wright WE, Cancer in California, 1988-1999. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, December, 2001.
- 5. American Cancer Society. Cancer Facts & Figures, 2002 (available from: www.cancer.org).
- 6. National Cancer Institute, "Cervical Cancer: Screening, Health Professional Version", Accessed: May 2002 (available from www.cancer.gov).
- 7. Institute of Medicine, National Academy of Sciences. Care Without Coverage: Too Little, Too Late. National Academy Press, 2002 (available from: www.nap.edu).
- 8. American Cancer Society, Cancer Resource Information, Early Detection, Diagnosis, and Staging, Can Cervical Cancer Be Found Early?, www3.cancer.org/cancerinfo/ Accessed: May 2002.
- California Department of Health Services, Cancer Detection Section, Breast and Cervical Cancer Control Program, data source July 2000, MDE.
- 10. Racial/ethnic patterns in cancer in the United States 1988-1992. Miller BA, et al., editors. National Cancer Institute. Bethesda, MD: National Institutes of Health, Pub No. 96-4104, 1996.

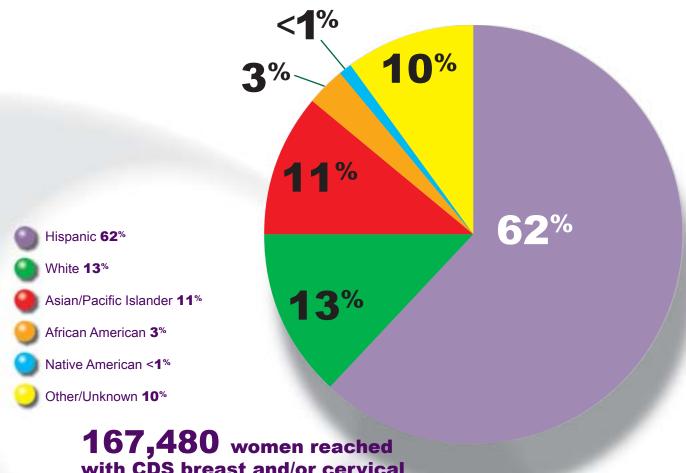
cancer detection section at glance



Women Served

breast and cervical cancer services

July 1, 2000 - June 30, 2001



with CDS breast and/or cervical cancer services

vs. Women Eligible Women Served

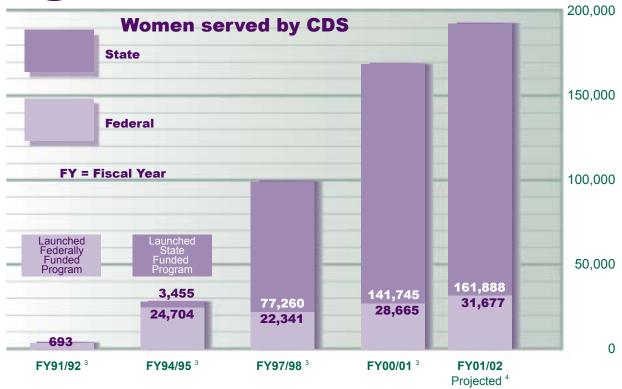




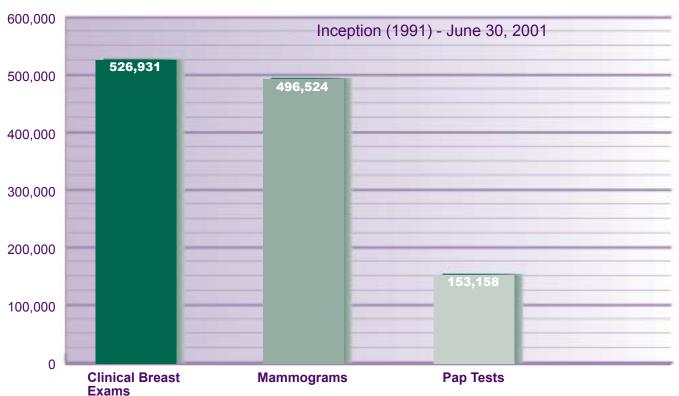
cancer detection section at glance



Program Growth



Screening Services Provided



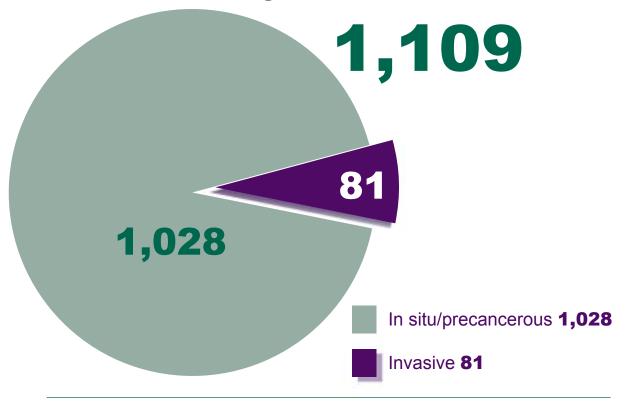
cancer detection section at glance



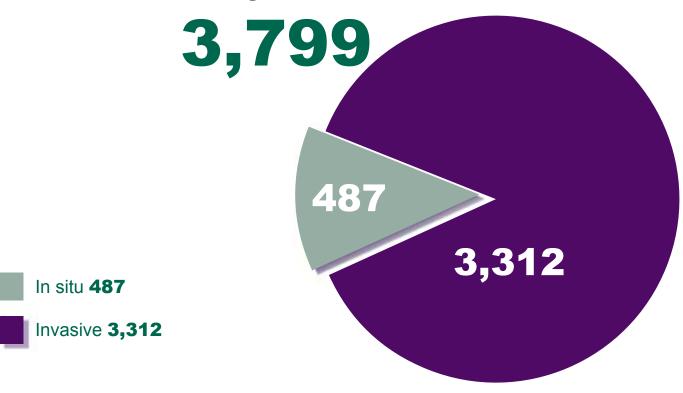
Women with Cancer

Inception (1991) - June 30, 2000

Number of Women Diagnosed with Cervical Cancer 6



Number of Women Diagnosed with Breast Cancer 6



cancer detection section (a) glance



Eligibility Requirements

Women eligible for free breast cancer screening services must be 40 or older, low income (at or below 200 percent of the federal poverty level), and have no or limited health insurance coverage. For cervical cancer screening, women must meet the same income and insurance criteria and be 25 or older.



Cancer Detection Programs: Every Woman Counts

1-800-511-230 www.dhs.ca.gov/cancerdetection

Footnotes

- The numbers of women in the state eligible for breast and cervical cancer services were direct estimates using the 2001 Current Population Survey, Annual Demographic (March Supplement), and includes women 25 and older (cervical services) or women 40 and older (breast services) who are not covered by Medi-Cal or Medicare and are below 200% federal poverty level.
- The number of "Women Served" was based on paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The percentages of women served for breast and cervical in "Women Eligible vs. Women Served" do not sum to the number in "Women Served" because some women received both breast and cervical cancer screening services.
- The statistics are based on the federal or state programs' number of paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). A woman may receive services from both the federal and state programs and may be included in both federal and state counts in the same year.
- The federal projection is based on the federal program (Breast and Cervical Cancer Control Program) billing data as of 3/25/02. The projected number for the state program is based on BCEDP paid claims (March 2002 version of Common Analytical File (CAF)) using time series method (SAS ARIMA procedure).
- "Services Provided" data are based on paid claims for clinical services and were extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The procedures highlighted in "Services Provided" are key screening procedures and do not reflect all of the procedures (e.g. diagnostic) covered by CDS.
- The number of women diagnosed with breast cancer is based on the February 2002 linkage between the California Cancer Registry and Cancer Detection Sections databases (March 2002 version of Common Analytical File). The numbers do not include 115 women whose cancers were reported as unstaged. The number of women diagnosed with cervical cancer is based on the February 2002 Minimum Data Elements (MDE) file. In situ/precancerous is defined as CIN II and CIN III stage classification.